

Foster Family Home - Corrective Action Report

Provider ID: 1-510653

Home Name: Virginia Montano, CNA

Review ID: 1-510653-6

91-1063 Kauiki Street

Reviewer: Angel England

Ewa Beach HI 96706

Begin Date: 1/31/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home visit made for a 2 bed recertification inspection survey. A corrective action report was issued during home visit with a written plan of correction due to CTA by 3/1/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 State name inquiry (eCrim) for CG#1 is not certified and therefore invalid.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 No confidentiality/privacy training present for CG#3.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.b.4 No disclosure form present for CG#3

41.b.8 CG#3 was added on 8/16/18, per CG#1 and RN delegation records. The only bloodborne pathogen training present in record is dated as being taken on 12/20/18.

41.c There are only 2 hours or the required 12 hours of in-service hours present for CG#2 for 2017.

41.h There is no written report of the CCFFH adding CG#3.

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 CCFFH has no working oven or toaster oven. CG#1 states CCFFH fries the food outside in an outdoor kitchen they use. Client #1 has a low salt, low fat diet on his service plan. It appears that the caregivers are not following this prescribed diet. A meal time was not observed during the visit.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(d)(1) By order of a physician;

Comment:

47.d.1. Side rails are on client #1's service plan, no order present in record.

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.a. Based on a review of the record, it is unclear who is responsible for the client's finances, particularly his personal needs allowance of \$50 per month.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.c.3 There is a food spill in the bottom of the freezer.

There are gaps around the screen in a vacant client bedroom window.

There is built up grime and dirt around light switch and door of client #1 bedroom.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.3 There is no admission agreement or contract in client #1's record to indicate his related charges and who is responsible for paying those charges.

53.b.9 Under the My Choice My Way and new federal rules, clients must be able to lock their bedrooms and caregivers have a safe way to access in case of an emergency. One client bedroom door has the lock on the outside of the bedroom instead of the inside. The other client bedroom has a lock on the inside but it is accessible only with a key that the home states they do not have.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(5) Medication schedule checklist;

Comment:

54.b.1 The home records were disorganized which limited an effective review. The home also used outdated forms which also limited the effectiveness of the review.

54.c.5 There are 3 medication discrepancies for Client #1 where the medication administration record and orders match however the prescription does not match these.

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Angel England
Compliance Manager

Diana Montano
Primary Care Giver

11/30/19
Date

1/31/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: VIRGINIA MONTANO

CCFFH Address: 91-1063 KAU'IKI ST EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a1	Ecrim CG1 was taken 2/07/19 certified attached to my Home Chart	2/07/19	CG1 use calendar or I phone to input all due dates to prevent any future lapse.
16.b.5	CG3 Confidentiality / Privacy training was read & signed attached to my Home Chart.	2/01/19	All Caregiver's and Household members will receives the training with in 20 days being added in the house.
41.b.4	Disclosure for CG3 was filled up and signed attached to home record.	2/01/19	All Caregivers must filled up and sign the Disclosure form with in 20 days as requirement and attached in home chart.
41.b.8	CG3 Blood Pathogen was lapsed but have current Blood Pathogen Dated 12/20/19-18	2/03/19	CG1 takes responsibility to check all requirements before adding a Caregiver in the home.
41.c	CG#1 Tried to look CG#2 missing in service year 2017 unable to find.	2/02/19	Caregiver #1 must have 12 hrs. training program And 8 hrs for Substitute CG. Once we received the certificate must place in HC to avoid misplaced.

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CCFFH Address:91-1063 KAUIKI ST. EWA BEACH HAWAII 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. h	CG#1 filled up form adding substitute for CG#3 and let the substitute read and sign attached to the Home Record.	02/01/19	All added Caregiver must sign and read Substitute Change form to be ready for future review.
43.c.1	Bought a Toaster Oven as required for Clients use for preparing meal and also discussed to RN Case Management.	02/02/19	CG#1 will follow as prescribed diet meals plan discussed in admitting a client in the home.
47.d.1	CG#1 discussed to RN, Case Mgmt., and M.D. Clients refuse have side rail MD order to discontinue to use side rail signed and attached to Client's Binders.	02/08/19	Service was updated by RN Case Mgmt. discontinued using the side rail Client's Right.
48.a	CG#1 discussed with Client Representative about Client's allowance and it was corrected notes was attached to Client's Binder.	02/04/19	When happened again you need to discuss to Management let them know that something wrong about Client's allowance.
49.c.3	Cleaned up food spill the bottom of freezer.	02/02/19	Maintain cleanliness in all area follow infection control & proper disinfectant equipment device used..to prevent mosquitoes and bugs to enter.
	Putting wood on Gasps around window screen and CG#1 cleaned up grime and dirt around light's switch door.	02/03/19	
		02/02/19	

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CCFFH Address: 91-1063 KAUIKI ST. EWA BEACH HAWAII 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53.B.3	Admission Agreement was on file attached on Client's Chart.	2/03/19	Always see to it that all documents was on file ready for next review to lesser correction.
43.c.3	CG#1 fixed the Client's vacant room door lock in proper position and the key for Client's #1 has been found.	2/05/19	As preventive measure CG#1 all door must have lock to follow New Federal rules under "My Choice, My Way" for future review.
54.b.1	CG#1 fixed the Home Chart make it organized and I'm sure all the CTA form is updated. Follow the table of content.	2/10/19	Maintain the Home Chart neat and organize by follow the table of content and make sure to put or insert tabs title in every section of the chart to make easy to find what are you looking for.
54.c.5	Medication discrepancy was corrected by Client's CMA, MD and CG#1 on Client's Medication Administration Record.	2/07/19	CG#1 look all medication orders, bottles and MAR to ensure all match before giving any new medication. CG#1 will notify CMA, Pharmacy and /or doctor if they are different.

Primary Caregiver's Signature: Virginia Montano

Print Name: Virginia S. Montano

Date of Signature: 3/19/19